

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

353  
Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**  
Postmark Date: 2-8-01  
L. Supp  
**101056**  
A 1282 rec'd 2/18/01  
fee emailed \$10.00 jmm

1. NAME Turminello Holly A  
Last First MI

2. BUSINESS PHONE 225-926-8300

3. BUSINESS ADDRESS 2431 S. Acadian #230 Baton Rouge LA 70808  
Street and No. City State Zip

MAILING ADDRESS P.O. Box 80357 Baton Rouge LA 70898  
Street and No. City State Zip

4. EMPLOYER Louisiana Oil Marketers Assn

5. EMPLOYER'S ADDRESS 2431 S. Acadian #230 Baton Rouge LA 70808  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes  No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Oil Marketers Association  
Address 2431 S. Acadian #230 Baton Rouge LA 70808  
Business or purpose Trade Association

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of 6-30-00

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2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

*Nolly Juminella*  
 Signature of Lobbyist